



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

*Mitchell E. Daniels, Jr.*  
Governor

*Thomas W. Easterly*  
Commissioner

100 North Senate Avenue  
Indianapolis, Indiana 46204  
(317) 232-8603  
-- Toll Free (800) 451-6027  
[www.idem.IN.gov](http://www.idem.IN.gov)

April 15, 2010

Mr. Ronald Allen  
Parker Hannifin  
501 South Sycamore Street  
Syracuse, Indiana 46567

Dear Mr. Allen:

Re: NPDES General Permit No. ING250096  
Parker Hannifin  
1525 South 10<sup>th</sup> Street  
Goshen, Indiana  
Elkhart County

Our office has received your Notice of Intent (NOI) submittal in regards to the above-referenced facility. We are pleased to inform you that the submittal is sufficient to comply with the NOI requirements in 327 IAC 15-8, Facilities Discharging Noncontact Cooling Water. The general permit rule requirements are contained in 327 IAC 15-1 through 15-4 and 15-8.

The NPDES general permit identification number assigned to this facility in the previous approval will be used again in this approval. This number will be used as an identification number and should be included on all correspondence submitted to IDEM in relation to this NPDES general permit. The NPDES general permit number which has been assigned to this facility is:

**ING250096.**

Due to the fact that 327 IAC 15-8 is a permit by rule, you will NOT be receiving an actual permit. However you will be responsible for following the general rule requirements contained in 327 IAC 15-1 through 15-4 and 15-8, which were sent to you with your original approval letter. Included in general permit rule 327 IAC 15-8 is the requirement for periodic reporting of several effluent parameters. This reporting will continue to be required using the forms that were sent to you previously. Should you need additional copies of this form it is also available on the internet at the following website:

<http://www.in.gov/idem/5104.htm>

327 IAC 15 is also available on the internet at the following website:

<http://www.in.gov/idem/4087.htm>

Mr. Ronald Allen  
Page 2

Additionally, you will soon be receiving a supply of the computer generated preprinted federal NPDES DMR forms. Both the state and federal forms need to be completed and submitted on a routine basis. If you do not receive the preprinted DMR forms in a timely manner, please call this office at 317/232-8670.

Renewal of coverage for the facility will include all outfalls listed on Attachment 1 to this correspondence. Since the expiration date of IDEM's previous approval of your facility to operate under 327 IAC 15-8 is April 30, 2010, this renewal of coverage under 327 IAC 15-8 shall become effective on May 1, 2010, unless a person aggrieved or adversely affected by the acceptance appeals this decision. Coverage under this general permit rule expires on April 30, 2015. In order to receive authorization to discharge beyond the date of expiration, the permittee shall submit such information and forms as required by the Indiana Department of Environmental Management no later than ninety (90) days prior to the date of expiration.

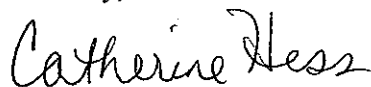
Please note that any person who is adversely affected or aggrieved by this acceptance for coverage under the cited NPDES general permit rule may, within eighteen (18) days from the mailing date of this notification, appeal this acceptance by filing a written petition for administrative review with the Office of Environmental Adjudication, in accordance with IC 4-21.5-3-7. This petition constitutes a request for an adjudicatory hearing. The procedure for appeal is outlined in more detail on the attached page.

The Office of Environmental Adjudication will provide parties who request review of this acceptance for coverage with notice of prehearing conferences, preliminary hearings, hearing, and stays or orders disposing of all proceedings. Nonparties may receive such notices without intervening and formally becoming parties in the proceeding by requesting copies of such notices from the Office of Environmental Adjudication.

Please note that in accordance with 327 IAC 15-8-5(c), IDEM shall public notice its decision to accept your facility for coverage under the general permit rule.

If you have any questions regarding this letter, please contact Ms. Sheri L. Jordan of our staff at 317/ 232-8703.

Sincerely,



Catherine Hess, Chief  
Permits Administration Section  
Office of Water Quality

Slj/

cc: Elkhart County Health Department

ATTACHMENT 1

**Parker Hannifin**

NPDES PERMIT NO. ING250096

EFFECTIVE DATE: **May 1, 2010**

OUTFALLS PERMITTED FOR THIS FACILITY

| OUTFALL | DNR BASIN | LATITUDE       | LONGITUDE       | MINE DRAINAGE<br>STATUS | RECEIVING WATER   |
|---------|-----------|----------------|-----------------|-------------------------|---|
| 001A    | N/A       | 40°, 34', 6.4" | 84°, 49', 28.3" | N/A                     | Goshen Water and Sewer storm<br>sewer, discharging to the Elkart<br>River |
|         |           |                |                 |                         |   |
|         |           |                |                 |                         |   |



STATE OF INDIANA  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

PUBLIC NOTICE NO. 2010 - 4D -GP

DATE OF NOTICE: April 15, 2010

The Office of Water Quality issues the following **NPDES GENERAL PERMIT**.

**RENEWAL**

**PARKER HANNIFIN**, Permit No. ING250096, ELKHART COUNTY, Goshen, IN. This facility will discharge non-contact cooling water from a once through non-contact cooling water system to Goshen's storm sewer to the Elkhart River. The Notice of Intent (NOI) letter submitted complies with the requirements in 327 IAC 15-8, Facilities Discharging Non-Contact Cooling Water. Permit Writer: Sheri Jordan at 317/232-8703.

**PROCEDURES TO APPEAL**

General Permit documents are available for inspection at IDEM, Office of Water Quality/Permit Section, IGCN, 100 N Senate Ave, Indianapolis, IN, Room 1203, from 9 - 4, Monday-Friday (copies 10¢ per page). The General Permit is also available at the local Health Department. Please tell others you think would be interested in this matter.

**Appeal Procedure:** Any person affected by the issuance of the Final Permit may appeal by filing a Petition for Administrative Review with the Office of Environmental Adjudication within eighteen (18) days of the date of this Public Notice. Any appeal request must be filed in accordance with IC 4-21.5-3-7 and must include facts demonstrating that the party requesting appeal is the applicant; a person aggrieved or adversely affected or is otherwise entitled to review by law.

**Timely filing:** The Petition for Administrative Review must be received by the Office of Environmental Adjudication (OEA) within 18 days of the date of this Public Notice; either by U.S. Mail postmark or by private carrier with dated receipt. This Petition for Administrative Review represents a request for an Adjudicatory Hearing, therefore must:

- state the name and address of the person making the request;
- identify the interest of the person making the request;
- identify any persons represented by the person making the request;
- state specifically the reasons for the request;
- state specifically the issues proposed for consideration at the hearing;
- identify the Final Permit Rule terms and conditions which, in the judgment of the person making the request, would be appropriate to satisfy the requirements of the law governing this NPDES Permit rule.

If the person filing the Petition for Administrative Review desires any part of the NPDES Final Permit Rule to be stayed pending the outcome of the appeal, a Petition for Stay must be included in the appeal request, identifying those parts to be stayed. Both Petitions shall be mailed or delivered to the address here:  
**Phone: 317/232-8591.**

Environmental Law Judge  
Office of Environmental Adjudication  
IGC - North Building- Rm 501  
100 N. Senate Avenue  
Indianapolis IN 46204

**Stay Time frame:** If the Petition (s) is filed within eighteen (18) days of the mailing of this Public Notice, the effective date of any part of the permit, within the scope of the Petition for Stay is suspended for fifteen (15) days. The Permit will become effective again upon expiration of the fifteen (15) days, unless or until an Environmental Law Judge stays the permit action in whole or in part.

**Hearing Notification:** Pursuant to Indiana Code, when a written request is submitted, the OEA will provide the petitioner or any person wanting notification, with the Notice of pre-hearing conferences, preliminary hearings, hearing stays or orders disposing of the Petition for Administrative Review. Petition for Administrative Review must be filed in compliance with the procedures and time frames outlined above. Procedural or scheduling questions should be directed to the OEA at the phone listed above.





## Indiana Department of Environmental Management

NPDES General Permit Notice of Intent (NOI) Letter Submittal Application

327 IAC 15-8 Facilities Discharging Non Contact Cooling Water

IDEM  
OFFICE OF  
WATER QUALITY  
2010 FEB 12 A 11:33

## I. PURPOSE OF SUBMITTAL:

Please check one box. Also provide existing permit number and reason for modification if applicable. You may attach additional sheets if they are needed.

| NEW | RENEW | MODIFY | EXISTING PERMIT NO. | IF MODIFICATION WHAT IS CHANGING      |
|-----|-------|--------|---------------------|---------------------------------------|
|     | X     |        | ING250096           | No mods., permit is expiring 5/2/2010 |

## II. GENERAL INFORMATION

Complete all boxes in sections a and b for name of company and person who is to receive the permit. Complete boxes in sections c, d, e, f, g, h, and i or fill in N/A for non-applicable as they apply for the facility that the permit is to apply to.

|  |  |  |                      |  |  |  |  |       |                      |         |  |                 |  |
|--|--|--|----------------------|--|--|--|--|-------|----------------------|---------|--|-----------------|--|
| a. APPLICANT NAME (TO THE ATTENTION OF)              |  |  | e. FACILITY SIC CODE |  |  | f. FACILITY COUNTY   |  |       |                      |         |  |                 |  |
| RONALD D. ALLEN                                      |  |  | 3061                 |  |  | ELKHART  |  |       |                      |         |  |                 |  |
| b. APPLICANT'S COMPANY AND COMPLETE MAILING ADDRESS  |  |  |                      |  |  | h. LATITUDE AND LONGITUDE OF APPROXIMATE FACILITY CENTER     |  |       |                      |         |  |                 |  |
| COMPANY NAME<br>PARKER HANNIFIN                      |  |  |                      |  |  | Latitude   |  |       | Longitude            |         |  |                 |  |
| STREET ADDRESS<br>1525 South 10 <sup>th</sup> Street |  |  |                      |  |  | degree minute second   |  |       | degree minute second |         |  |                 |  |
| CITY<br>GOSHEN                                       |  |  |                      |  |  | 40 34 6.4074   |  |       | -85 49 28.3944       |         |  |                 |  |
| STATE<br>IN  |  |  |                      |  |  | ZIP CODE<br>46526  |  |       |                      |         |  |                 |  |
| c. FACILITY NAME                                     |  |  |                      |  |  | i. FACILITY CENTER TOWNSHIP, RANGE, SECTION, QUARTER SECTION |  |       |                      |         |  |                 |  |
| PARKER HANNIFIN                                      |  |  |                      |  |  | Township   |  | Range |                      | Section |  | Quarter section |  |
|  |  |  |                      |  |  | ELKHART  |  | NA    |                      | NA      |  | NA              |  |
| d. FACILITY MAILING ADDRESS                          |  |  |                      |  |  | j. FACILITY PHYSICAL LOCATION IF DIFFERENT FROM (d)          |  |       |                      |         |  |                 |  |
| STREET ADDRESS<br>1525 SOUTH 10 <sup>TH</sup> STREET |  |  |                      |  |  | STREET ADDRESS<br>Same                                       |  |       |                      |         |  |                 |  |
| CITY<br>GOSHEN                                       |  |  |                      |  |  | CITY<br>Same   |  |       |                      |         |  |                 |  |
| STATE<br>IN  |  |  |                      |  |  | STATE  |  |       |                      |         |  |                 |  |
| ZIP CODE<br>46526                                    |  |  |                      |  |  | ZIP CODE   |  |       |                      |         |  |                 |  |

## III. CONTACT INFORMATION AUTHORIZED SIGNATORY

This section applies to the responsible corporate officer and/or alternate person who is authorized in writing by the responsible corporate officer to carry signatory responsibilities for the facility under 327 IAC 15-4-3 (g). Please complete all boxes or mark N/A for non-applicable. If the signatory is not a corporate officer please also submit the letter from the responsible corporate officer granting him/her this authority.

|   |  |   |  |
|---|--|---|--|
| a. APPLICANT SIGNATORY CONTACT PERSON AND TITLE |  | d. ALTERNATE PERSON TO ANSWER QUESTIONS |  |
| RONALD D. ALLEN, Plant Engineer                 |  | CHRIS HATHAWAY                          |  |
| b. APPLICANT SIGNATORY CONTACT PERSON TELEPHONE |  | e. ALTERNATE PERSON'S TELEPHONE         |  |
| 574-528-9561                                    |  | 574-528-9562                            |  |
| c. APPLICANT EMAIL ADDRESS                      |  | f. ALTERNATE PERSON'S EMAIL ADDRESS     |  |
| rdallen@parker.com                              |  | chathaway@parker.com                    |  |

| IV. OTHER CONTACT INFORMATION                                   |   |   |                 |
|---|---|---|-----------------|
| DISCHARGE MONITORING REPORTS<br>CONTACT AND MAILING INFORMATION |   | c. CONTACT AND COMPANY NAME<br>Ronald O. Allen<br>Parker Hannifin |                 |
| a. CONTACT TELEPHONE NUMBER<br>574-528-9561                     | d. STREET ADDRESS<br>1525 South 10th Street |   |                 |
| b. CONTACT EMAIL ADDRESS<br>rdallen@parker.com                  | e. CITY<br>Goshen                           | f. STATE<br>IN  | g. ZIP<br>46526 |
| ANNUAL FEE AND FINANCIAL<br>CONTACT AND BILLING ADDRESS         |   | j. COMPANY AND CONTACT PERSON NAME<br>Same as c.                  |                 |
| h. CONTACT TELEPHONE NUMBER<br>Same as a.                       | k. STREET ADDRESS<br>Same as d.             |   |                 |
| i. CONTACT EMAIL ADDRESS<br>Same as b.                          | l. CITY<br>Same as e.                       | m. STATE  | n. ZIP          |
| OTHER CONTACT AND MAILING INFORMATION<br>(SPECIFY BELOW)        |   | q. COMPANY AND CONTACT PERSON NAME<br>Same as c.                  |                 |
| o. CONTACT TELEPHONE NUMBER<br>Same as a.                       | r. STREET ADDRESS<br>Same as d.             |   |                 |
| p. CONTACT EMAIL ADDRESS<br>Same as b.                          | s. CITY<br>Same as e.                       | t. STATE  | u. ZIP          |

| V. RULE QUALIFICATION:   |  |
|--|--|
| <p>The purpose of this rule is to regulate the discharge of once through noncontact cooling water which is free from wastewater generated by manufacturing processes and other types of wastewater. "Once through noncontact cooling water" means cooling water that is 1) used for the sole purpose of removing unwanted heat from a process; 2) only makes one (1) pass through a unit that exchanges heat between the process and the cooling water (generally a heat exchanger); and 3) does not come into contact with raw material or manufactured product. Does this facility meet these requirements? (please check one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> |  |
| <p>Please provide a brief description of the facility operation that results in the discharge. You may attach additional sheets.</p> <p>The facility discharge noncontact cooling water as a result of the manufacturing process that removes heat from the many processes. The discharge is passed through an exchanger only once and does not come into contact with the raw materials.</p>  |  |

| VI. OUTFALL INFORMATION:   |             |     |     |              |     |      |                    |   |   |
|--|-------------|-----|-----|--------------|-----|------|--------------------|---|---|
| Please fill out the following information for all outfalls. You may attach additional sheets if necessary. |             |     |     |              |     |      |                    |   |   |
| a. OUTFALL NO.   | b. LATITUDE |     |     | c. LONGITUDE |     |      | d. RECEIVING WATER | e. Is initial discharge to storm sewer? | f. If YES PROVIDE MUNICIPAL OPERATOR OF STORM SEWER |
|  | deg         | min | sec | deg          | min | sec  |                    |   |   |
| 001A   | 40          | 34  | 6.4 | -85          | 49  | 28.3 | Eikhart River      | Y/N                                     | Goshen Water & Sewer                                |
|  |             |     |     |              |     |      |                    | Y/N                                     |   |
|  |             |     |     |              |     |      |                    | Y/N                                     |   |
|  |             |     |     |              |     |      |                    | Y/N                                     |   |
|  |             |     |     |              |     |      |                    | Y/N                                     |   |
|  |             |     |     |              |     |      |                    | Y/N                                     |   |
|  |             |     |     |              |     |      |                    | Y/N                                     |   |



**VII. ADDITIONAL OUTFALL INFORMATION:**

Please fill out the type of wastewater discharged and all water treatment additives approved for use by the Indiana Department of Environmental Management and in use at the time of this submittal. You may attach additional sheets if necessary.

| a. OUTFALL NO. | b. TYPE OF WASTEWATER DISCHARGED THIS OUTFALL | c. ADDITIVES IN USE ASSOCIATED W. THIS OUTFALL |
|----------------|---|--|
| 001A           | Non-Contact Cooling Water                     | NONE   |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |
|                |   |  |

**VIII. POTENTIALLY AFFECTED PERSONS FORM**

Pursuant to IC 4-21.5 it is required that a Potentially Affected Person form be completed and submitted with this application. The form is attached. *Complete*

Please fill out this form in its entirety and submit it with the application.

**IX. PROOF OF PUBLICATION**

✓ It is required that a public notice statement be published in a newspaper of largest circulation in the area where the discharge(s) will be occurring. This publication must be in the newspaper for a minimum of one day, and must include the following language: (your facility name, address, address of the location of the discharging facility, and the streams receiving the discharge(s)) "is submitting a Notice of Intent letter to notify the Indiana Department of Environmental Management of our intent to comply with the requirement under 327 IAC 15-8 to discharge wastewater associated with noncontact cooling water. Any person aggrieved by this action may appeal in writing to the Environmental Law Judge of the Office of Environmental Adjudication for an adjudicatory hearing on the question of whether this facility should operate under this NPDES general permit rule. An appeal must be postmarked no later than fifteen (15) days from the date of this public notice.

Such a written request for an adjudicatory hearing must:

- (A) state the name and address of the person making the request;
- (B) identify the interest of the person making the request;
- (C) identify any persons represented by the person making the request;
- (D) state with particularity the reasons for the request;
- (E) state with particularity the issues proposed for consideration at the hearing; and
- (F) state with particularity the reasons why the NPDES general permit rule should not be available to the discharger identified in this notice.

Any such request shall be mailed or delivered to:  
Office of Environmental Adjudication  
Indiana Government Center - North  
100 North Senate Avenue, Room N501  
Indianapolis, Indiana 46204"

Please attach proof of publication of this statement from the newspaper to the application and submit both together.

**X. ANNUAL FEE:**

A fee is required to be submitted with this application in accordance with IC 13-18-20-12. The fee is \$50 for the initial submittal (for a new permit) or for an application for renewal or modification.

Please list amount submitted \$ 50<sup>00</sup>, attach to and submit with application.  
Checks or money orders shall be made payable to IDEM.

CK# 9729469

**XI. CERTIFICATION STATEMENT**

It is required by 327 IAC 15-4-3(g)(3) that the following certification statement shall be included in the application. The authorized representative (as defined by 327 IAC 15-4-3(g)(2) and identified in item IIIa above) makes the following certification by signing and dating this section of the application below:

"I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Ronald D. Allen, Plant Engineer  
Name and official title (type or print)

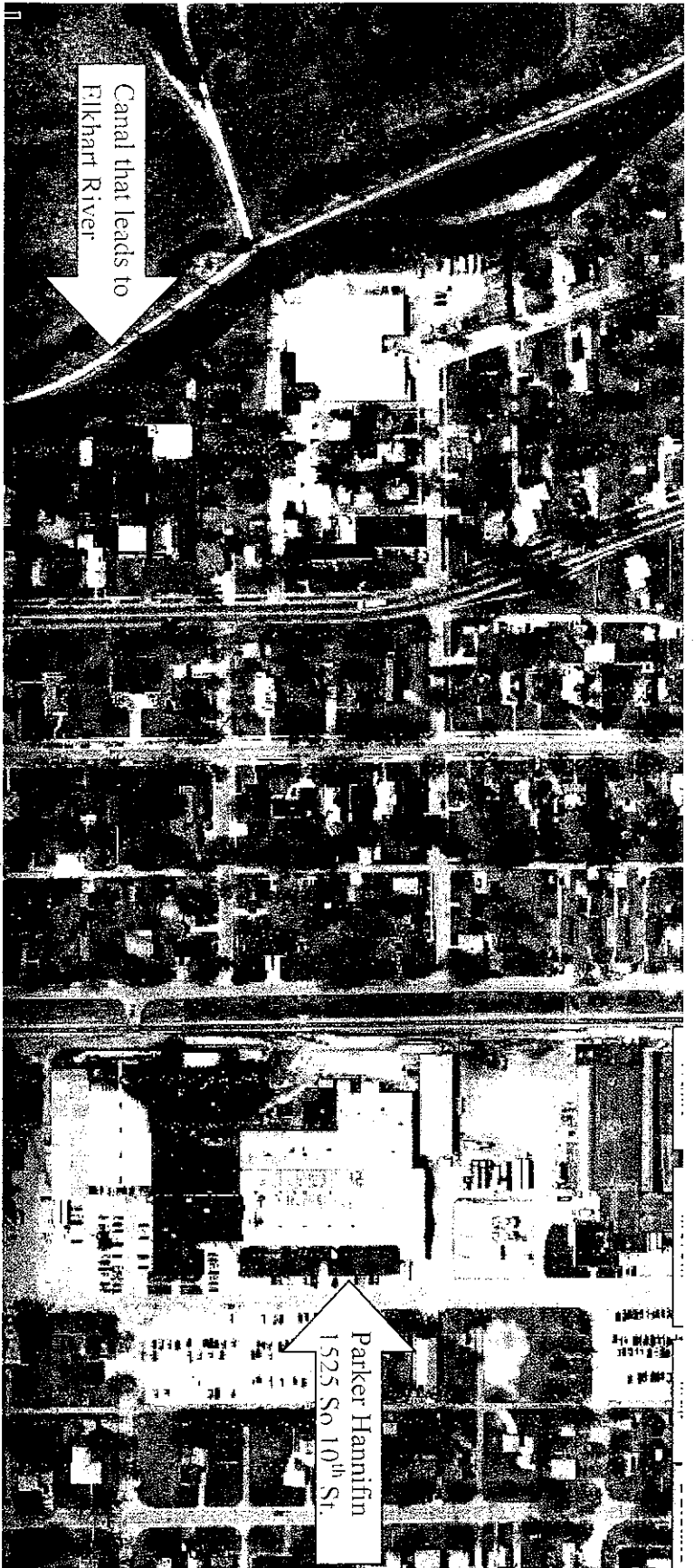
574-528-9561  
Area Code and phone No.

[Signature]  
Signature

02/09/2010  
Date signed

Submit completed form and attachments to the following address:

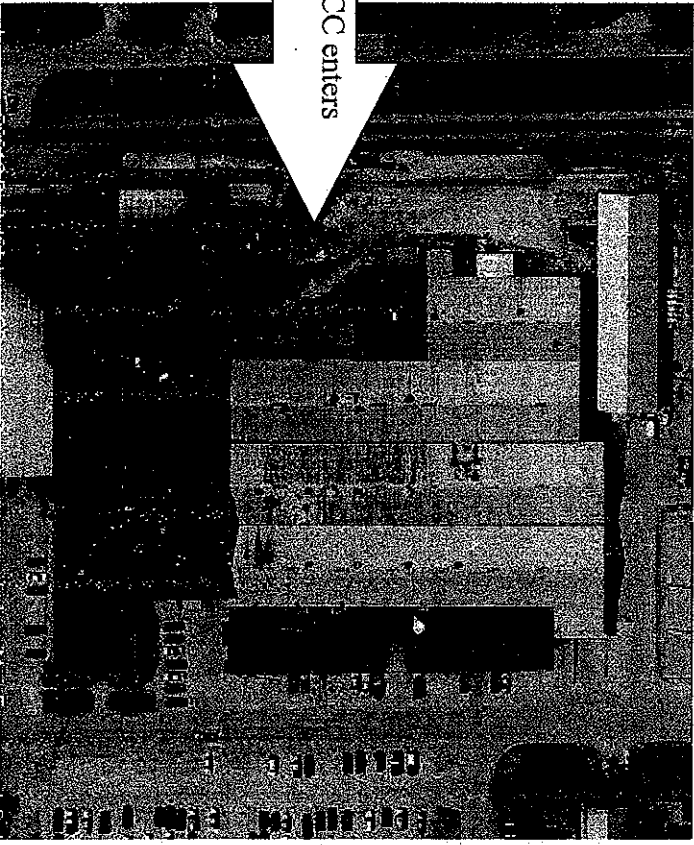
Indiana Department of Environmental Management  
Office of Water Quality – Mail Code 65-42  
NPDES Permits Section  
General Permits Coordinator  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2251



Canal that leads to  
Elkhart River

Parker Hannifin  
1525 So 10<sup>th</sup> St.

Location of Storm drain that NCC enters  
from facility



Converting Addresses to/from Latitude/Longitude in One Step

Stephen P. Morse, San Francisco

- Batch Mode (Forward)
- Batch Mode (Reverse)
- Deg/Min/Sec to Decimal
- Computing Distances
- Frequently Asked Questions
- My Other Webpages

|   |                         |  |  |
|---|-------------------------|--|--|
| address                                 | 1525 south tenth street | latitude   |  |
| city                                    | goshen                  | longitude  |  |
| state                                   | indiana                 | <i>above values must be in decimal<br/>with minus signs for south and west</i> |  |
| zip                                     | 46526                   |  |  |
| country                                 | United States           |  |  |
| <div>Determine Latitude/Longitude</div> |                         | <div>Determine Address</div>   |  |

| from google | latitude        | longitude         |
|-------------|-----------------|-------------------|
| decimal     | 41.5684465      | -85.824554        |
| deg-min-sec | 41° 34' 6.4074" | -85° 49' 28.3944" |

| from usc    | latitude        | longitude       |
|-------------|-----------------|-----------------|
| decimal     | 41.567559       | -85.84885       |
| deg-min-sec | 41° 34' 3.2124" | -85° 50' 55.86" |

1525 S TENTH ST

geocoder failed to return a result

yahoo failed to return a result

| from terraserver | latitude       | longitude       |
|------------------|----------------|-----------------|
| decimal          | 41.56848000    | -85.82455000    |
| deg-min-sec      | 41° 34' 6.528" | -85° 49' 28.38" |

1525 S 10th St, Goshen, IN 46526-4505

| from ibegin | latitude | longitude |
|-------------|----------|-----------|
| decimal     |          | -         |
| deg-min-sec | 0° 0' 0" | 0° 0' 0"  |

764 Tenth St S, Scottsburg, IN

Data presented here comes from the following websites:

- google. (all addresses)
- geocoder. (US addresses only)
- ibegin. (US and Canadian addresses only)
- locatienet. (European addresses only)